



# Mississippi State Board of Funeral Service



Tate Reeves  
Governor

Della Smith  
Executive Director

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No Fee

**MISSISSIPPI STATE BOARD OF FUNERAL SERVICE**  
Application to Change Preceptor or add additional preceptor

Apprentice Name		Apprenticeship #	
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I will be employed by:

Name of Establishment		License #	
Street Address of Establishment		City	
Preceptor/Supervisor Name		License #	
2 <sup>nd</sup> Preceptor/Supervisor Name		License #	

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

**Affidavit of Primary Funeral Directing or Funeral Service Licensee**

I, \_\_\_\_\_, duly licensed for the practice of funeral directing or  
Preceptor Name FD or FS License #

funeral service by the Mississippi State Board of Funeral Service hereby certify that the foregoing statements are true and correct and should the above-named resident trainee discontinue his/her traineeship under my personal supervision, I will file with the Secretary of the Board an affidavit showing the length of time served under me.

\_\_\_\_\_  
Signature of License FD/FS License #

MISSISSIPPI County of \_\_\_\_\_

The above named person, personally known to me, signed the application in my presence and being duly sworn, states that he/she read the above application and that the statements which he/she made therein are true and correct to the best of his/her knowledge and belief. Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public: \_\_\_\_\_

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